

OFFICIAL 2024 SPRING SOFTBALL TEAM ROSTER

Maximum Players: 20 Minimum Players: 12

TEAM NAME:	LEAGUE NIGHT:	MANAGER NAME:				
TAME.		WK#		CELL#		
LAST YEAR TEAM NAME:	LEAGUE NIGHT:		HOME #	E-MAIL		
PLAYER'S NAME	ADDRESS	Cl	TY & ZIP CODE	PHONE	SIGNATURE: "I HAVE READ THE WAIVER"	
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Crystal Lake Park District Waiver and Release of A	All Claims and Assumption of Risk: Read this	s form carefully ar	nd be aware that in signing an	d participating in this progr	am/activity, you will be expressly assuming the risk	

Crystal Lake Park District Waiver and Release of All Claims and Assumption of Risk: Read this form carefully and be aware that in signing and participating in this program/activity, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you or your minor child/ward might sustain as a result of participating in any and all activities connected with and associated with this program/activity (including transportation services, when provided). I recognize and acknowledge that there are certain risks of physical injury to participants in this program/activity, and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that my minor child/ward may have (or accrue to me or my child/ward) as a result of participating in this program/activity against the Crystal Lake Park District, including its officials, agents, volunteers and employees (hereinafter collectively referred to as the Crystal Lake Park District). I do hereby fully release and forever discharge the Crystal Lake Park District from any and all claims for injuries, damages, or loss that my minor child/ward or I may have or which may accrue to me or my minor child/ward and arising out of, connected with, or in any way associated with this program/activity.

I have read and fully understand the above important information, warning or risk, assumption of risk and waiver and release of all claims.